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Nor	United them	States Bankrup District of	ptey C	ourt Winois				Voluntary Petition
Name of Debtor (if individual, enter I	ast, First, Middl	e);	T	Name of Join	t Debtor (:	Spouse) (Last,	First, Midd	dle):
WATSON CHARLES		N/A						
All Other Names used by the Debtor i (include married, maiden, and trade na		All Other Na	mes used h	by the Joint Dei	otor in the	last 8 years		
N/A		N/A	тен, такж	m, and trace na	mes):			
Last four digits of Soc. Sec./Complete than one, state all): 7710	EIN or other Ta	x I.D. No. (if more		Last four digi one, state all):	ts of Soc.	Sec./Complete	EIN or oth	ser Tax I.D. No. (if more than
Street Address of Debtor (No. & Stree	t, City, and State):	S	treet Address	of Joint E	Debtor (No. & S	treet, City	, and State):
7124 S. PRAIRIE AVE CHICAGO) IL.,			N/A				·
		ZIPCODE 606	19					ZIPCODE
County of Residence or of the Principa	l Place of Busin	ess:	(County of Res	adence or	of the Principa	Place of I	Business:
Cook				N/A				
Mailing Address of Debtor (if different	from street addi	ress):	N	Mailing Addre	ss of Join	Debtor (if diff	erent from	i street address):
N/A			j	N/A				
1973		ZIPCODE						ZIPCODE
Location of Principal Assets of Busines	ss Debtor (if diff	erent from street add	iress abo	ve):		······································		
N/A								ZIPCODE
Type of Debtor (Form of Organization) (Check one box.)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)						
Individual (includes Joint Debtors)	Health Care B	historia		·		wis rited (Cit	eek dire oo	JX
Corporation (includes LLC and LLP)	Single Asset F	Real Estate as defined in	'	Chapter 1	<u></u>	Chapter 11		hapter 15 Petition for Recognition
Partnership Other (If debtor is not one of the above	HUS.C. § 10 □ Rankoad	bt (SIB)		Chapter (Chapter 12		a Foreign Mam Proceeding hapter 15 Peution for Recognition
entities, check this box and provide the	Stockbroker			Ī.	Chapter	1.5		a Foreign Nonmain Proceeding
information requested below.)	Commodity B				Nat	ure of Debts (Check one	box)
State type of entity:	Clearing Bank			Consume	r/Non-Bue	(mage	ГП в.	usiness
	15 U.S.C. § 56	anization qualified unde H(c)(3)		Consum.				usiness
Full Filing Fee (C	heck one box)		0	heck one bo		Chapter II		
				_				111 U.S.C. § 101(51D).
Filing Fee to be paid in installments (A Must attach signed application for the	court's consideration	on certifying that the del	bter is	Debtor is r	юt a small	business debte	r as define	ed in 11 U.S.C. § 101t51D).
unable to pay fee except in installment			1	heck if:				
Filing Fee waiver requested (Applicab signed application for the court's consi	deration. See Offic	viduals only). Must atta nal Form 3B.	ach L	J Debtor's a∉ affliates ar	igregate no e less than	oncontingent li- \$2 million.	quidated de	ebts owed to non-insiders or
Statistical/Administrative Informatio			<u></u>					THIS SPACE IS FOR CONTRET SEGMEN
Debtor estimates that funds will be ava								
Debtor estimates that, after any exemp distribution to unsecured creditors	t property is exclud	ed and administrative e	expenses p	aid, there will	ne no funds	available for		
Estimated Number of Creditors 1- 50-	-001	200 1.000	e					
49 99		200- 1,000- 990 5,000	5,001- 10,006	19,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000	
Estimated Assets								
\$6 to \$50,001 to \$100,001 to \$50,000 \$100,000	\$500,001 to \$1 millio u	_	0,000,01 (llim 98 <mark>\$</mark>		or 100,00 millim	More than \$100 million		
estimated Debts		<u></u>	ا ــــا		·			
\$0 to \$50,001 to \$100,001 to \$50,000 \$100,000 \$500,000	\$500,001 to		0,000,00		00,001 to	More than		
	\$1 million	\$10 million \$	i50 milli 🗀	on \$160	million	noillim 0018		

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Voluntary P			
(This page)	must be completed and filed in every case)	Name of Debtor(s):	
, , , , , , , , , , , , , , , , , , ,	- 	WATSON CHARLE	
Location	Prior Bankruptcy Case Filed Within Last 8 Years		·
Where Filed:	N/A	Case Number: N/A	Date Filed: N/A
Pendin	Bankruptcy Case Filed by any Spoose, Partner or Affilia		NVA
Transic Or Loca	tor:	Case Number:	Date Filed:
N/A		NA	N/A
District:		Relationship:	Judge:
N/A		N/A	N/A
	Exhibit A		Exhibit B
(To be comp	leted if debtor is required to file periodic reports (e.g., forms)	1)	To be completed if debtor is an individual
relief under c		I, the attorney for the petitioner no the petitioner that [he or she] ma States Code, and have explained	tookedebts are primarily consumer debts.) armed in the foregoing petition, declare that I have informe ty proceed under chapter 7, 11, 12, or 13 of title 11. Unite the relief available under each such chapter. and to the debtor the notice required by § 342(b) of the
☐ Exhibit	A is attached and made a part of this petition.	X N/A	
		Signature of Attorney for	r Debton(s) Date
	Exhibit C	Certification	n Concerning Debt Counseling
Does the deb alleged to pos or safety?	tor own or have possession of any property that poses or is se a threat of imminent and identifiable harm to public health	by Inc	dividual/Joint Debtor(s)
Yes, and	f Exhibit C is attached and made a part of this petition.	precessing the ming of this p	emon.
₩ No	e sound to the analysis and made a part of this pennon.	to filing based on exigent cir	requirement to obtain budget and credit counseling prior reumstances. (Must attach certification describing.)
	Information Regarding the Deb	tor (Check the Applicable	Boxes)
	Venue (Check an	ny applicable box)	
₽	Debtor has been domiciled or has had a residence, principa days immediately preceding the date of this petition or for	il place of business, or principal asser r a longer part of such 180 days that	ets in this District for 180 n in any other District,
	There is a bankruptcy case concerning debtor's affiliate, go	eneral partner, or partnership pendi	ng in this District.
	Debtor is a debtor in a foreign proceeding and has its pr States in this District, or has no principal place of business or proceeding [in a federal or state court] in this District, or relief sought in this District.	Of assets in the United States had in	And Condition Control of
	Statement by a Debtor Who Resides Check all app	as a Tenant of Residential	Property
	Landlord has a judgment against the debtor for possession following.)	of debtor's residence. (If box check	ked, complete the
	N/A		:
	(Name of la	andlord that obtained judgment)	
	N/A		
	(Address of	landlord)	
	Debtor claims that under applicable nonbankruptcy law, it permitted to cure the entire monetary default that gave ris possession was entered, and	tere are observenessees and a subjection	h the debtor would be after the judgment for
	Debtor has included in this pention the deposit with the corperiod after the filing of the petition.	urt of any rent that would become	due during the 30-day

Case 09-24266 (Official Form 1) (18/05)	Doc 1	Filed 07/02/09	Entered 07/02/09 14:33:52	Desc Main					
		Document	Page 3 of 8	FORM B1, Page 3					
Voluntary Petition (This page must be completed and file	d in every case	i	Name of Debtor(s): WATSON CHARLES						
, ,			natures						
Cionatama(a) of Dalais	(-) (Y 47 * X		2843 U.S						
Signature(s) of Debtor			is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United State						
I declare under penalty of perjury that is true and correct. [If petitioner is an individual whose dechosen to file under chapter 7] I am a 11, 12 or 13 of title 11, United States Ceach such chapter, and choose to proc [If no attorney represents me and mentition] I have obtained and read Bankruptcy Code.	ebts are primari ware that I may 'ode, understand ceed under chap bankruptcy p	ly consumer debts and has proceed under chapter 7, d the relief available under oter 7.							
I request relief in accordance with the specified in this petition. X Warls Was Signature of Debtor		e 11, United States Code,	Pursuant to § 1511 of title 11, United States with the chapter of fitle 11 specified in the order granting recognition of the foreign X N/A (Signature of Foreign Representative)	is petition. A certified conv of the					
Signature of Joint Debtor			g						
1 773 846 3336 Telephone Number (If not represented 07/01/09 Date	by attorney)		(Printed Name of Foreign Representative) Date						
Signature of	Attorney		Signature of Non-Attorney Bankr	and an Partition of					
X N/A Signature of Attorney for Debtor(s) Printed Name of Attorney for Debtor(Firm Name	5)		I declare under penalty of perjury that: (1) I at as defined in 11 U.S.C. § 110; (2) I prepared and have provided the debtor with a copy of the information required under 11 U.S.C. § § 110/b rules or guidelines have been promulgated pursual maximum fee for services chargeable by banking given the debtor notice of the maximum amount for filing for a debtor or accepting any fee from section. Official Form 19B is attached.	m a bankruptcy petition preparer this document for compensation is document and the notices and is document and 342(b); and, (3) if uant to 11 U.S.C. § 110(b) setting cruptcy petition preparers, I have t before preparing any document					
Address			N/A PROSE						
			Printed Name and title, if any, of Bankruptcy Po	etition Preparer					
Telephone Number Date			Social Security number (If the bankrutpcy petit state the Social Security number of the officer, partner of the bankruptcy petition preparer.) (Re	ion preparer is not an individual, principal, responsible person or					
Signature of Debtor (Corp	oration/Part	nership)	Address						
I declare under penalty of perjury that is true and correct, and that I have been of the debtor. The debtor requests relief in accordanged the secondary of the debtor requests relief in accordanged to the secondary of the debtor requests relief in accordanged to the secondary of the secondary	authorized to fi	ile this petition on behalf	X						
States Code, specified in this petition.			Date						
Signature of Authorized Individual			Signature of Bankruptcy Petition Preparer or off person, or partner whose social security number. Names and Social Security numbers of all other prepared or assisted in preparing this document is	is provided above.					
Printed Name of Authorized Individual		ł	preparer is not an individual:						
Title of Authorized Individual			If more than one person prepared this document, conforming to the appropriate official form for ex-	ach person.					
Date	·····		A bankruptcy petition preparer's failure to compi and the Federal Rules of Bankruptcy Procedure ma or both 11 U.S.C. §110; 18 U.S.C. §156.	y with the provisions of title 11 gresult infines or imprisonment					

Official Form 1, Exhibit D (10/06)

UNITED STATES BANKRUPTCY COURT

_	Northern		District of	Illinois	
In re WATS	5014	chr	irles	Case No.	
Debtor(s	s)				(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.

2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

Official Form 1, Exh. D (10/06) - Cont.

i_B. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]
If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.
☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone.
5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.
I certify under penalty of perjury that the information provided above is true and correct.
Signature of Debtor: Charles Watson Date: 1-2-09

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	** -	-
Form	HΛ)

(10/05)	In re Waston Charles Debtor	Case No.
	Debior	(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND A ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 270886XXX CBNA P.O. BOX 769006 SAN ANTONIO TX. 78245H		н	LINE OF CREDIT ON HOME MORTGAGE. 2/1/64 VALUE \$			×	47,000.00	47,000.00
ACCOUNT NO. CITIMORTGAGE INC. P.O. BOX 9438. GAITHESBURG, MD 20898		Н	10/1/93. MORTGAGE			×	AKERKS AKERKS ALCONO ALCONO	41,000.00
ACCOUNT NO. 10562XXXX BAC HOME LNS LPICTRYWD. 49000 450 FAIR LICH 5T. SMM! YACCOY CA 93005			VALUE \$ VALUE \$			×	UNKNOWN UNKNOW AMOUNTS	
continuation sheets			VALUE \$ Subtotal ► (Total of this page) Total ► (Use only on last page)				\$ 88,000.00 \$ 88,000.00	

Debtor			(If kno	owa)
			Case No.	
In re WASTON CHARLES		Document	Page 7 of 8	
Form 86F (10/05) Case U9-24200	DOC 1	Document	Dago 7 of 9	Desc Main

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

	T	T					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 44080410XXXX CHASE BANK. 800 BROOKSEDGE BLVD. WESTERVILLE, OHIO 43081		H	UNPAID CREDIT CARD PAYMENTS 3/1/06			×	5448,00
ACCOUNT NO. 60110078XXXX DISCOVER FIN SVCS LLC . P.O. BOX 15315 WILMINGTON DE 19850		H	UNPAID CREDIT CARD .7/1/06			×	6330.00
ACCOUNT NO.							
ACCOUNT NO.							
continuation sheets attached			(Use only on last page of the co (Report also on Su	mpleted	Schedu	tal≯ le F.)	s//778 0.00 s 1/.778,00

